

PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION
LICENSING BRANCH
500 MERO STREET
FRANKFORT, Kentucky 40601
(502) 573-2002 FAX (502) 573-1598

INSTALLER TRAINING VERIFICATION FORM

Provide written proof of regularly assisting in site preparation and installation functions:

Your Name: _____

Certified Installer you are working under: _____

Certification #: _____ Expiration Date: _____

Begin Training Date: _____ End Training Date: _____

List five homes that you participated in the set-up of while working under the abovementioned Certified Installer.

(1) Begin Date: _____ End Date _____

Serial # _____ HUD Label _____

Consumer Name: _____

Home address: _____

(2) Begin Date: _____ End Date _____

Serial # _____ HUD Label _____

Consumer Name: _____

Home address: _____

(3) Begin Date: _____ End Date _____

Serial # _____ HUD Label _____

Consumer Name: _____

Home address: _____

(4) Begin Date: _____ End Date _____

Serial # _____ HUD Label _____

Consumer Name: _____

Home address: _____

(5) Begin Date: _____ End Date _____

Serial # _____ HUD Label _____

Consumer Name: _____

Home address: _____
